SAINT FRANCIS UNIVERSITY  
SHORT-TERM DISABILITY INCOME PROGRAM  
Plan Year 2015

Coverage

Short term disability is an income benefit payable to you if you become **totally disabled** from an injury, illness, or disease. An injury must happen while you are covered. An illness or disease must result in disability while you are covered by the program. Pregnancy and childbirth shall be treated as any other illness or disease.

The day after your sick leave is exhausted, the benefit will be paid for up to the remainder of the elimination period for long-term disability coverage.

Several periods of total disability will be treated as one period, if they are due to the same or related cause; and they are separated by less than two straight weeks of full-time work.

Benefits will not be paid for a disability caused or resulting from:

a) attempted suicide, while sane, or injuring yourself on purpose; or
b) injury or sickness while you are on full-time active duty in the armed forces (pro rata premium will be refunded during service);
c) injury or sickness, for which Worker’s Compensation or occupational disease law benefits are available.

Schedule of Benefits

Weekly Disability: 50% of your Basic Weekly Earnings*, but no more than $500.00

Maximum Disability Period: 90 calendar days

Waiting Period for Injury, Sickness and Disease: The Waiting Period is 30 calendar days and the elimination of accumulated sick leave.

* Basic weekly earnings means your earnings for the normal work week exclusive of bonus and overtime pay.

Eligibility

You are eligible for coverage on the first day of the month following employment and on the first day of a plan year, if you are an active full-time faculty or staff member and over the age of 18, and working no less than 35 hours a week.
You must work at least 35 hours a week to be considered a full-time employee for the purpose of eligibility under this plan. Active is defined as performing your occupation for wages at Saint Francis University.

If you would otherwise be at work but are on vacation or on a non-medical leave of absence, you are considered to be actively at work. If you cannot be at work on the effective date of this plan because you are disabled, you will not be insured until you return to work in an eligible class.

**Monthly Cost (effective January 1, 2015):** 0.30 per $10.00 of coverage

**Effective Date and Termination Date**

*Effective Date-* Your coverage will be effective on the later of the date:
   a) the coverage begins; or
   b) you become eligible
   c) the first of the month following employment
   d) the first of January of the plan year

If you are not at work, because of injury or illness on the date your coverage would begin, coverage will not begin until you have returned full-time to your job.

*Termination-* Your coverage will end:
   a) on the date the program is eliminated by the University; or
   b) on the date you are no longer in an eligible class; or
   c) on the date you are no longer actively employed; or when you retire
   d) at the end of a period for which premiums have been paid, if premium payments stop; or
   e) at the end of the plan year, upon your voluntary election to terminate the coverage.

**To Apply**
   1) Complete the attached application
   2) Return it to the Human Resources Office

**Questions:** Contact the Human Resources Office